

GW/UST-3

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received

RECEIVED

N.C. Dept. of ENVIRONMENTAL

NOV 21 1997

INSTRUCTIONS

Complete and return five (5) working days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: CC&PS, State Highway Patrol

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 1300 Blue Ridge RoadCounty: WakeCity: Raleigh State: N.C. Zip Code: 27607Tele. No. (Area Code): 919-733-7956

II. LOCATION OF TANK(S)

Facility Name or Company: N.C. Highway PatrolFacility ID # (if available): 0-021407Street Address or State Road: 2527 E. Market StreetCounty: Guilford City: Greensboro Zip Code: 27401Tele. No. (Area Code): 910-334-5621

III. CONTACT PERSON

Name: Ronald H. FaisonJob Title: Equipment Supt.Telephone Number: (919) 733-7956

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used

- Underground Petroleum Storage Tanks".
5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.

7. The **site assessment** portion of the tank closure must be conducted under the supervision of a Professional Engineer or Licensed Geologist. After January 1, 1994, **all closure site assessment reports must be signed and sealed by a P.E. or L.G.**

8. Keep closure records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Contract in Bid Process

Address: _____ State: _____ Zip Code: _____

Contact: _____ Phone: _____

Primary Consultant: _____ Phone: _____

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>10,000</u>	<u>Unleaded Gasoline</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Ronald H. Faison Equipment Superintendent*Scheduled Removal Date: 1-15-98Signature: Ronald H. FaisonDate Submitted: 11-19-97

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.